

UNITED STATES DISTRICT COURT

For the

District of

DELAWARE

Brian K Reinbold

SUMMONS IN A CIVIL CASE

v.

United States Postal Service

CASE NUMBER:

05 47

+  
NALC Local 191

TO: (Name and address of Defendant)

Attorney General of United States  
Department of Justice  
10TH + Constitution Ave, N.W.  
Washington, DC 20530

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Brian K Reinbold

PO Box 2865

Wilmington, DE

19805

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

PETER T. DALLEO

CLERK

(By) DEPUTY CLERK

Monica Mosley

DATE

1/28/05

FILED  
CLERK U.S. DISTRICT COURT  
DISTRICT OF DELAWARE  
2005 MAR -7 PM 3:49

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Attorney General of  
United States  
Department of Justice  
10th & Constitution Ave  
Washington, DC  
20530

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒ X☐ Agent

B. Received by (Printed Name)

☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
if YES, enter delivery address below: ☐ No

## 3. Service Type

- ☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

7004 1160 0006 3104 1055

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

## Certified Mail

- A mailing receipt
- A unique identifier
- A record of delivery

## Important Reminders

- Certified Mail must be paid for at the time of mailing.
- NO INSURANCE for valuables, please.
- For an additional delivery. To obtain Receipt (PS Form 3811), please. Endorsement required.
- For an additional addressee's authorization. Endorsement "R" required.
- If a postmark on the receipt is not needed.

IMPORTANT: Save! Internet access to addressed to APO

**CERTIFIED MAIL™**



7004 1160 0006 3104 1055  
7004 1160 0006 3104 1055

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent To *Attorney General of US Dept of Justice*  
Street, Apt. No.;  
or PO Box No. *10<sup>th</sup> + Constitution Ave, NW*  
City, State, ZIP+4 *Washington, DC 20530*

PS Form 3800, June 2002

See Reverse for Instructions

PO BOX 2565  
WILMINGTON, DE 19805-2565

PO BOX 2565  
WILMINGTON, DE 19805-2565

ATTORNEY GENERAL of UNITED STATES  
DEPARTMENT of JUSTICE  
10<sup>th</sup> & CONSTITUTION AVE, N.W.  
WASHINGTON, DC 20530

**Certified Mail Provides:**  
■ A mailing receipt  
■ A unique identifier for your mailpiece  
■ A record of delivery kept by the Postal Service for two years  
**Important Reminders:**  
■ Certified Mail may ONLY be combined with First-Class Mail® or Priority Mail®.  
■ Certified Mail is not available for any class of international mail.  
■ NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuable, please consider insured or Registered Mail.  
■ For an additional fee, a Return Receipt may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a duplicate return receipt, a USPS® postmark on your Certified Mail receipt is required.  
■ For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Advise the clerk or mark the mailpiece with the endorsement "Restricted Delivery".  
■ If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is not needed, detach and affix label with postage and mail.  
**IMPORTANT: Save this receipt and present it when making an inquiry.**  
Internet access to delivery information is not available on mail addressed to APOs and FPOs.

PS Form 3800, June 2002 (Reverse)



## Track & Confirm

### Shipment Details

You entered 7004 1160 0006 3104 1055

Your item was delivered at 4:35 am on February 04, 2005 in WASHINGTON, DC 20530.

Here is what happened earlier:

- NOTICE LEFT, February 04, 2005, 3:49 am, WASHINGTON, DC 20530
- ARRIVAL AT UNIT, February 04, 2005, 2:43 am, WASHINGTON, DC 20022
- ACCEPTANCE, January 29, 2005, 12:10 pm, WILMINGTON, DE 19808

### Notification Options

▶ [Track & Confirm by email](#) [What is this?](#) [Go >](#)

### Track & Confirm

Enter label number:

[Track & Confirm FAQs](#)



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Preserving the Trust

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Copyright © 1999-2002 USPS. All Rights Reserved. [Terms of Use](#) [Privacy Policy](#)

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ACPTON DC 20530

Postage	\$ 40.37
Certified Fee	\$2.30
Return Receipt Fee (Endorsement Required)	\$1.75
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 44.42</b>

MARSHALLTON DE  
09 Postmark Here  
JAN 29 2005  
01/29/2005

Sent To *Attorney General of District of Columbia*  
 Street, Apt. No., or PO Box No. *10TH + Constitution Ave, N.W.*  
 City, State, ZIP+4 *Washington, DC 20530*

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>FEB 04 2005</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:  <i>Attorney General of United States          Department of Justice          10TH + Constitution Ave N.W.          Washington, DC 20530</i></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label) <i>[Redacted]</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>